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## BIB DATA SHEET

CONFIRMATION NO. 5380

<b>SERIAL NUMBER</b> 10/591,921	<b>FILING or 371(c) DATE</b> 05/30/2007 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1626	<b>ATTORNEY DOCKET NO.</b> 33683-US-PCT	
<b>APPLICANTS</b> Karl-Heinz Altmann, Reinach, SWITZERLAND; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP05/02756 03/15/2005 <b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0405898.8 03/16/2004 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/04/2008					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /GOLAM M SHAMEEM/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance GS Initials	<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> NOVARTIS INSTITUTES FOR BIOMEDICAL RESEARCH, INC. 220 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139 UNITED STATES					
<b>TITLE</b> Epothilone Derivatives					
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		